FORM D

# UNITED STATES

### SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

PROCESSED

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC Mail Processing Section

MAR 10 2008

Washington, DC 110

| Name of Offering (* Check if this is an amendment and name has changed, and indicate change.)                              |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| NEW JERSEY MINING COMPANY  |  |  |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE                            |  |  |  |  |  |  |  |  |
| Type of Filing: □New Filing ☑Amendment   |  |  |  |  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA   |  |  |  |  |  |  |  |  |
| 1. Enter the Information Requested About the Issuer  |  |  |  |  |  |  |  |  |
| Name of Issuer (  Check if this is an amendment and name has changed, and indicate change.)                                |  |  |  |  |  |  |  |  |
| NEW JERSEY MINING COMPANY OB042678   |  |  |  |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephon.  |  |  |  |  |  |  |  |  |
| P.O. Box 1019, 89 Appleberg Road Kellogg, ID 83837 (208) 783-3331  |  |  |  |  |  |  |  |  |
| Address of Principal Business Operation (Number and Street, City, State, Zip Code)  Telephone Number (including Area Code) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Brief Description of Business  |  |  |  |  |  |  |  |  |
| Exploration and development of gold-silver properties  |  |  |  |  |  |  |  |  |
| Type of Business Organization  |  |  |  |  |  |  |  |  |
| ☐ Limited partnership, already formed ☐ Other (please specify):  |  |  |  |  |  |  |  |  |
| ☐ Business trust ☐ Limited partnership, to be formed   |  |  |  |  |  |  |  |  |
| Month Year   |  |  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization: July 18 1996   Actual   Actual   Estimated                      |  |  |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State: ID             |  |  |  |  |  |  |  |  |
| [CN for Canada; FN for other foreign jurisdiction]   |  |  |  |  |  |  |  |  |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the Information Requested for the Following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
     and

| <ul> <li>Each general and managing partner</li> </ul>                    | of partnership issuers.     |                    |                  |   |
|--|-----------------------------|--------------------|------------------|---|
| Check box(es) that Apply: □Promoter                                      | ⊠Beneficial Owner           | ☑Executive Officer | ⊠Director<br>Ma  | ☐General and/or naging Partner          |
| Full Name (Last name first, if individual)                               |                             |                    |                  | - · · · · · · · · · · · · · · · · · · · |
| Brackebusch, Fred W.   |                             |                    |                  |   |
| Business or Residence Address (Number ar                                 | nd Street, City, State, Zip | Code)              |                  |   |
| P.O. Box 1019, Kellogg, ID 8383'   |                             | ,                  |                  |   |
| Check box(es) that Apply: □Promoter                                      | ⊠Beneficial Owner           | ☑Executive Officer | ☑Director<br>Ma  | ☐General and/or naging Partner          |
| Full Name (Last name first, if individual)                               |                             |                    |                  | ,                                       |
| Brackebusch, Grant A.  |                             |                    |                  |   |
| Business or Residence Address (Number ar                                 | nd Street, City, State, Zip | Code)              |                  | <del></del>                             |
| P.O. Box 131, Silverton, ID 83867  |                             | •                  |                  |   |
| Check box(es) that Apply: □Promoter                                      | ☐Beneficial Owner           | □Executive Officer | ⊠Director<br>Ma  | ☐General and/or naging Partner          |
| Full Name (Last name first, if individual)                               |                             |                    |                  |   |
| Business or Residence Address (Number an                                 | nd Street, City, State, Zip | Code)              |                  |   |
| Check box(es) that Apply: □Promoter and/or                               | ☐Beneficial Owner           | □Executive O       | fficer □Dire     | ector                                   |
| Full Name (Last name first, if individual)                               |                             |                    |                  |   |
| Business or Residence Address (Number an                                 | nd Street, City, State, Zip | Code)              |                  | A                                       |
| Check box(es) that Apply: □Promoter                                      | ☐Beneficial Owner           | □Executive Officer | ⊠Director<br>Ma: | ☐General and/or naging Partner          |
| Full Name (Last name first, if individual) Rust, William C.              |                             |                    |                  |   |
| Business or Residence Address (Number at P.O. Box 648, Wallace, ID 83873 | nd Street, City, State, Zip | Code)              |                  |   |
| Check box(es) that Apply: □Promoter                                      | ☐Beneficial Owner           | □Executive Officer | ⊠Director<br>Ma  | ☐General and/or<br>naging Partner       |
| Full Name (Last name first, if individual)                               |                             |                    |                  | <del></del> -                           |
| M. Kathy Sims  |                             |                    |                  |   |
| Business or Residence Address (Number an                                 | nd Street, City, State, Zip | Code)              |                  | ·                                       |
| 2745 Seltice Way, Coeur d'Alene, I                                       | -                           | ,                  |                  |   |
| Check Box(es) that Apply: □Promoter                                      | ☐Beneficial Owner           | □Executive Officer | ⊠Director        | ☐General and/or<br>Managing Partner     |
| Full Name (Last name first, if individual)                               |                             |                    |                  |   |
| Ivan R. Linscott   |                             |                    |                  |   |
| Business or Residence Address (Number an                                 | nd Street, City, State, Zip | Code)              |                  |   |
| 7150 Burke Road, Wallace, ID 8387  | 73                          |                    |                  |   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|                      |   |                      |                      |              | B. INFO                 | ORMA         | TION         | ABOU'        | T OFFI       | ERING         |              |              | <del>,</del> |                           |             |
|----------------------|---|----------------------|----------------------|--------------|-------------------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|---------------------------|-------------|
| 1. Has               | s the issu  | er sold, o           | or does th           |              | ntend to s<br>swer also |              |              |              |              |               |              |              |              | Yes                       | No<br>X     |
| 2. Wh                | 2. What is the minimum investment that will be accepted from any individual?  |                      |                      |              |                         |              |              |              |              | \$ <u>100</u> |              |              |              |                           |             |
| 3. Do                | 3. Does the offering permit joint ownership of a single unit?   |                      |                      |              |                         |              |              |              |              | Yes<br>⊠      | No           |              |              |                           |             |
| ren<br>per<br>tha    | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |              |                         |              |              |              |              |               |              |              |              |                           |             |
|                      |   | name fir             |                      |              |                         |              |              |              |              |               |              |              |              |                           |             |
|                      |   |                      |                      | okered.      | nd Street,              | City Sto     | to Zin C     | oda)         |              |               |              |              |              |                           |             |
| Dusines              | S OI KESI   | dence A              | uuress (1            | imilioei ai  | iu Sireei,              | City, Sta    | ie, Zip C    | oue)         |              |               |              |              |              |                           |             |
| Name o               | f Associa   | ated Brol            | er or De             | aler         |                         | · · ·        |              |              |              |               |              |              |              |                           |             |
|                      |   |                      |                      |              | or Intendes) "xx"       |              |              |              |              |               |              |              |              |                           |             |
| [[AL]                | [AK]  | [AZ]                 | [AR]                 | [CA]         | [CO]                    | [CT]         | [DE]         | [DC]         | [FL]         | [GA]          | [HI]         | [ID]         | [IL]         | [IN]                      | [IA]        |
| [KS]<br>[NY]<br>[WA] | [KY]<br>[NC]<br>[WV]  | [LA]<br>[ND]<br>[WY] | [ME]<br>[OH]<br>[PR] | [MD]<br>[OK] | [MA]<br>[OR]            | [MI]<br>[PA] | [MN]<br>[RI] | [MS]<br>[SC] | [MO]<br>[SD] | [MT]<br>[TN]  | [NE]<br>[TX] | [VV]<br>[UT] | [NH]<br>[VT] | [NJ]<br>[VA]<br>] All Sta | NM]<br>[WI] |
|                      |   | name fir             |                      | vidual)      |                         |              |              |              |              |               |              |              | <del>.</del> |                           |             |
| Busines              | s or Resi   | dence A              | ddress (N            | lumber ar    | d Street,               | City, Sta    | te, Zip C    | ode)         |              |               |              |              |              |                           |             |
| Name o               | f Associa   | ated Brok            | er or De             | aler         |                         |              |              |              | <del></del>  |               |              |              |              |                           | ·····       |
| - Traine o           | 1 7 133001  | acca Bron            | cor or be            | aici         |                         |              |              |              |              |               |              |              |              |                           |             |
|                      |   |                      |                      | Solicited    | d or Intene             | ds to Sol    | icit Purcl   | nasers       |              |               |              |              |              |                           |             |
| [AL]                 | [AK]  | [AZ]                 | [AR]                 | [CA]         | [CO]                    | [CT]         | [DE]         | [DC]         | [FL]         | [GA]          | [HI]         | [ID]         | [IL]         | [lN]                      | [IA]        |
| [KS]<br>[NY]         | [KY]<br>[NC]  | [LA]<br>[ND]         | [ME]<br>[OH]         | [MD]<br>[OK] | [MA]<br>[OR]            | [MI]<br>[PA] | [MN]<br>[RI] | [MS]<br>[SC] | [MO]<br>[SD] | [MT]<br>[TN]  | [NE]<br>[TX] | [NV]<br>[UT] | [NH]<br>[VT] | [NJ]<br>[VA]              | NM]<br>[WI] |
| [WA]                 | [WV]  | [WY]                 | [PR]                 |              |                         |              |              | <u>.</u>     |              | LJ            |              | []           |              | J All Sta                 |             |
| Full Na              | me (Last  | name fir             | st, if indi          | vidual)      |                         |              |              |              |              |               |              |              |              |                           |             |
| Busines              | s or Resi   | dence A              | ddress (N            | lumber ar    | d Street,               | City, Sta    | te, Zip C    | ode)         |              |               |              |              | <del>.</del> | ·                         |             |
| Name o               | f Associa   | ated Brok            | ker or De            | aler         |                         |              |              |              |              |               |              |              |              |                           |             |
|                      |   |                      |                      | Solicited    | d or Inten              | ds to Sol    | icit Purcl   | nasers       |              |               |              |              |              |                           |             |
| [AL]                 | [AK]  | [AZ]                 | [AR]                 | [CA]         | [CO]                    | [CT]         | [DE]         | [DC]         | [FL]         | [GA]          | [HI]         | [ID]         | [IL]         | [IN]                      | [IA]        |
| [KS]<br>[NY]<br>[WA] | [KY]<br>[NC]<br>[WV]  | [LA]<br>[ND]<br>[WY] | [ME]<br>[OH]<br>[PR] | [MD]<br>[OK] | [MA]<br>[OR]            | [MI]<br>[PA] | [MN]<br>[RI] | [MS]<br>[SC] | [MO]<br>[SD] | [MT]<br>[TN]  | [NE]<br>[TX] | [NV]<br>[UT] | [NH]<br>[VT] | [NJ]<br>[VA]<br>] All Sta | NM]<br>[WI] |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|            | for exchange and already exchanged.  | Aggregate  | Amount   |
|------------|--|--|--|
|            | Type of Security   | Offering Price   | Already Sold   |
|            | Debt   | \$   | \$   |
|            | Equity   | \$   | \$   |
|            | Convertible Securities (including warrants)  | \$ <u>1,760,000</u>  | \$ <u>1,193,266</u>  |
|            | Partnership Interests  | \$   | \$   |
|            | Other (specify:)   | \$   | \$   |
|            | Total:   | \$ <u>1,760,000</u>  | \$ <u>1,193,266</u>  |
|            | Answer also in Appendix, Column 3, if filing under ULC   | OE.  |  |
|            | Accredited Investors   | Aggregate Number of Investors  | Dollar<br>Amount<br>of Purchases<br>\$ 1,193,266   |
|            | Non-Accredited Investors   |  | \$   |
|            |  |  | Ψ  |
| 3.         | Total (for filings under Rule 504 only)  | <u>N/A</u> OE.  I for all securities sold by the   | \$N/Ane issuer, to date,   |
| 3.         | Total (for filings under Rule 504 only)  | N/A  OE.  I for all securities sold by the strict of this offering. Classing Type of Security Sold   | \$N/A_ ne issuer, to date, fy securities by typ  Aggregate  Dollar Amount of Purchases   |
| 3.         | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  | N/A  OE.  I for all securities sold by the strict of this offering. Classing Type of Security Sold   | \$ N/A  ne issuer, to date, fy securities by typ  Aggregate  Dollar Amount of Purchases  \$  |
| 3.         | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A.   | N/A  OE.  I for all securities sold by the critics in this offering. Classiful Type of Security Sold   | \$N/A_ ne issuer, to date, fy securities by typ  Aggregate  Dollar Amount of Purchases   |
| 3.         | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  | N/A  OE.  I for all securities sold by the strict of this offering. Classiful Type of Security Sold  | \$ N/A  ne issuer, to date, fy securities by typ  Aggregate  Dollar Amount of Purchases \$   |
| 3.         | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A.   | N/A  OE.  I for all securities sold by the strict of this offering. Classiful Type of Security Sold  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate  Dollar Amoun of Purchases \$   |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  | N/A  OE.  I for all securities sold by the security Sold  the securities in this offering of the securities of the securities in this offering of the securities in this offering of the securities in this offering of the securities in the securities of the sec | \$ N/A  ne issuer, to date, fy securities by typ  Aggregate  Dollar Amount of Purchases  \$  \$  \$  g. Exclude amount.  |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  | N/A  OE.  I for all securities sold by the securities in this offering. Classic Classi | \$_N/A  ne issuer, to date, fy securities by type  Aggregate  Dollar Amoun of Purchases  \$  |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  Total  Total  Furnish a statement of all expenses in connection with the issuance and distribution of relating solely to organization expenses of the issuer. The information may be given a of an expenditure is not known, furnish an estimate and check the box to the left of the e   | N/A  OE.  I for all securities sold by the security sold  Type of Security Sold  the securities in this offering subject to future contingence stimate.  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amoun of Purchases  \$   |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  Total  Total  Furnish a statement of all expenses in connection with the issuance and distribution of relating solely to organization expenses of the issuer. The information may be given a of an expenditure is not known, furnish an estimate and check the box to the left of the eternal transfer Agent's Fees   | N/A  OE.  I for all securities sold by the rities in this offering. Classing Type of Security Sold  the securities in this offering subject to future continger estimate.  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amoun of Purchases \$ \$ \$ \$ g. Exclude amouncies. If the amouncies. If the amouncies. \( \overline{\text{S}} \) 1,000 |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  Total  Furnish a statement of all expenses in connection with the issuance and distribution of relating solely to organization expenses of the issuer. The information may be given a of an expenditure is not known, furnish an estimate and check the box to the left of the eternating and Engraving Costs   | N/A  OE.  I for all securities sold by the security Sold  Type of Security Sold  the securities in this offering subject to future contingents estimate.   | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amoun of Purchases  \$ \$ \$  g. Exclude amouncies. If the amouncies. If the amouncies    [S                             |
| 3.<br>4.a. | Total (for filings under Rule 504 only)  | N/A  OE.  I for all securities sold by the security sold  the securities in this offering subject to future contingents estimate.  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amoun of Purchases \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULC  If this filing is for an offering under Rule 504 or 505, enter the information requested offerings of the types indicated, in the twelve (12) months prior to the first sale of secur listed in Part C - Question 1. N/A  Rule 505  Regulation A  Rule 504  Total  Furnish a statement of all expenses in connection with the issuance and distribution of relating solely to organization expenses of the issuer. The information may be given a of an expenditure is not known, furnish an estimate and check the box to the left of the e  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees.  Accounting Fees | N/A  OE.  I for all securities sold by the rities in this offering. Classing Type of Security Sold  the securities in this offering subject to future contingents estimate.  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amoun of Purchases \$  |
|            | Total (for filings under Rule 504 only)  | N/A  OE.  I for all securities sold by the security Sold  the securities in this offering subject to future contingents estimate.  | \$ N/A  ne issuer, to date, fy securities by ty  Aggregate Dollar Amour of Purchases  \$   |

| X               | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments to<br>Others |
|-----------------|---|-----------------------|
| X               |   |                       |
|                 | \$ <u>150,000</u>                                     | <u>\$</u>             |
|                 | \$  | \$                    |
|                 | \$  | \$                    |
| X               | \$  | \$ 250,000            |
|                 | \$  | \$                    |
|                 | \$  | \$                    |
| X               | \$  | \$ <u>250,000</u>     |
| ×               | \$  | \$ 526,266            |
| X               | \$ <u>150,000</u>                                     | \$ <u>1,026,266</u>   |
| X               | \$ <u>1,176,266</u>                                   |                       |
|                 |   |                       |
| graph (b)(2) of | nange Commission                                      |                       |
| Į               | rson. If this natities and Exch                       | S  S  S  S  S  S  S   |

NEW JERSEY MINING COMPANY

Fully Brukelind

A Mar 08

Name of Signer (Print or Type)

Title of Signer (Print or Type)

President

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

